

Harlan "Mac" McGinnis Workforce Professional Award
PY 2003 Nomination Form

Nominee: _____

Job Title: _____

Agency: _____

Business Address: _____

Telephone Number: _____ FAX Number: _____

Please include a brief description (no more than two single spaced typed pages) to support the nomination. The following information should be included:

- Explain how the nominee has demonstrated outstanding skills in areas such as customer service and leadership. Detail how they have provided direction, guidance, inspiration and motivation to customers of the workforce development system, Missouri's workforce and business community.
- Describe how the nominee has made significant contributions to the workforce profession.
- Include how the nominee represents the qualities of an exceptional Workforce Development Professional.
- Describe how the nominee has met or exceeded the duties and expectations of his/her position as a Workforce Development Professional.

All information included in the nomination must be reviewed for accuracy with the nominee.

RELEASE OF INFORMATION

I hereby consent to allow the Department of Economic Development, Division of Workforce Development, and its agents to take and utilize photographs and/or recordings (audio, video, film) without further consideration or compensation for the purposes of illustration, broadcast, or distribution. By signing below I authorize the release of any and all information regarding the nomination information for use by the program operator, Workforce Investment Board, Division of Workforce Development and Department of Economic Development. I understand and agree that any publication or production of this information may be shown in whole or part to promote employment & training programs.

Signature of Nominee: _____
Date

Staff Contact Name (print) Signature Date

E-mail Address: _____ Region: _____

Phone Number: _____ Fax Number: _____

Signature of WIB Chair or Contact: _____
Date

